

CITY OF MONTEREY PARK ALARM PERMIT APPLICATION

Date:	Permit#:
Residential:	Commercial:
Name of Applicant:	
Name of Business (if applicable):	
Business License#:	
Telephone: () Home (if applicable)	() Business
Address (location of alarm system)	
Number	, Monterey Park, CA 91754/91755 Street
ALARM COMPANY: Name :	SERVICE COMPANY (if different): Name:
Telephone: ()	Telephone: ()
Address:	Address:
City:, Zip:	
Date of Alarm Installation or Change:	
TYPE OF ALARM:	
Burglary (central station monitored):	Robbery (hold-up):
Burglary (local audible):	Other (Explain):
APPLICATION FEE \$53	
Please remit fee of <u>\$53</u> and completed applicat 320 W. Newmark Avenue, Monterey Park, CA 9	, , , , , , , , , , , , , , , , , , , ,
All information on this application shall be kept days of any changes.	t current and the applicant agrees to correct any information within 20
Any questions or concerns contact Community	Engagement Bureau (626) 307-1215